

4/28/2004

For State Personnel Use Only

Class Code: \_\_\_\_\_

Class Title: \_\_\_\_\_

Analyst: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Position Description Form  
 HHS System Classification Request Form

☐ Management Request
 ☐ Employee Request
 ☐ Create

Employee Name:
 Position #:
 Telephone #/Ext.

Location/Mailing Address:
 Facility/Agency:

Current Classification Title:

Current Class. Code:
 Salary Grade:

Requested Classification Title:

Requested Class. Code:
 Salary Grade:

Employee Signature:
 Date:

Immediate Supervisor's Signature:
 Date:

Immediate Supervisor's Title:
 Telephone #/Ext.:

Admin/CEO/Designee's Signature:
 Date:

\*\*\*\*\*

Please assist Human Resources in reviewing this request by providing the following information: (Attach additional pages, if more space is needed.)

1. Explain why the current classification is inappropriate. (For example: How have your duties changed? Have supervisory duties been added? etc.)
2. Summarize why the requested classification better describes your job. (For example: another employee is doing similar work in the requested classification; change in knowledge, skills and abilities; change in level of supervision, etc.)
3. Provide any additional relevant information.

**Management/Supervisory Note:**

- ◆ Please attach a current organizational chart.
- ◆ For employee initiated requests, please attach a statement regarding your agreement/disagreement with the contents of the job description.
- ◆ Signatures indicate acknowledgment of receipt only.
- ◆ Employee requests must be submitted to the Human Resources Rep. within 5 work days of receipt.

## Introduction to the Position Description Form

In completing this form, please respond to every section that applies to your position. After you complete the form, your supervisor and others will review it for completeness and accuracy, when they complete the "Supervisor's and Management's Review" section. Your responses are used to determine the ranking of your position relative to others in State government and aid in the operation of other human resource management activities. Your responses, therefore, need to be as complete and accurate as possible. They will not be used to evaluate your job performance, nor be seen as limiting the authority of an agency head or supervisor to assign work.

### GENERAL INSTRUCTIONS *(Please read these directions carefully.)*

Before answering each section, please read through the entire form. If further space is needed to answer a section completely and accurately, please attach additional pages. If a section does not apply to your position, answer "not applicable or N/A." Please type or, if you prefer, legibly write your responses onto the form.

### 1. Essential Duties of the Position:

In the first column of the table "List of Essential Duties Performed" on the next page, please describe the **essential duties** of this position in clear, concise statements. Begin each essential duty statement with an **action verb** such as: Drives, Conducts, Repairs, Files, Types, Answers, Summarizes, and Interprets. Avoid words having unclear meanings such as Assists, Performs, Provides, Handles, Maintains, Participates, and Deals with. Use examples if they would make the duties described more clear.

Then, for each of these duties, mark the proper response under each of the next three columns using the following guidelines:

- **Percentage of Time:** Estimate the percentage of time spent performing each duty. Do not include a duty which occupies less than 5% of your time unless it is essential to the position. The total of all percentages should account for between 90% and 100% of the position's time. Whether you perform this duty on a daily, weekly, monthly, quarterly, or annual basis, the following chart will help you estimate the percent of time you spend doing it.

Percentage	Daily	Weekly	Monthly	Quarterly	Annually
5%	1/2 hour	2 hours	1 days	3 days	2 1/2 weeks
10%	1 hour	4 hours	2 days	6 1/2 days	5 weeks
15%	1 1/2 hours	6 hours	3 1/2 days	10 days	8 weeks
20%	2 hours	8 hours	4 1/2 days	13 days	10 weeks
25%	2 1/2 hours	10 hours	5 1/2 days	16 days	13 weeks

- **Most Critical:** Rate how critical each duty is to the position's overall work objectives. Use a rating scale of 1 to 5 (ranging from 1 being most critical to 5 being least critical). Duties performed infrequently or that do not involve a large amount of time may still be critical to the position. The same rating may be given to more than one duty.
- **Newly Assigned Duty:** Place a check mark (✓) in this column for those duties that have been newly assigned in the last six months and/or have been added since the last classification review.

[illegible]



### 3. Interpersonal Communication/Interaction:

- a. List those persons or groups **with whom communication** occurs in the performance of your duties. Beside each person, group, or organization listed, state the purpose for which the communication and/or interaction occurs.

Person/Group with Whom Communication/Interaction Occurs	Purpose of Communication/Interaction

- b. List the names and job titles of individuals you **directly supervise**. Beside each listing, note whether these are part-time or full-time positions, and, where applicable, the number of staff directly supervised by these individuals.

Person(s) You Directly Supervise	His or Her Job Title	Part Time or Full Time	Number of Staff He or She Supervises

- c. If your position involves leadership, supervisory, or managerial responsibilities for other staff, check (✓) below in the first two columns of boxes the responsibilities assigned to you on an on-going basis. Then check your level of **involvement in supervising/managing employees** regularly assigned to you.

Work/Team Leader		Supervisor/Manager		Level of Involvement							
<input type="checkbox"/>	Instruct/mentor staff	<input type="checkbox"/>	Employee leave	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Assign work to staff	<input type="checkbox"/>	Resolve formal grievances	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Review work of staff	<input type="checkbox"/>	Select new employees	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Plan work of staff	<input type="checkbox"/>	Transfer/promotion action	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Maintain work standards	<input type="checkbox"/>	Disciplinary action	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Coordinate staff activities	<input type="checkbox"/>	Discharge action	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Reallocate/schedule staff	<input type="checkbox"/>	Adjust salary of staff	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Counsel employee problems	<input type="checkbox"/>	Evaluate performance	<input type="checkbox"/>	Give Input	OR	<input type="checkbox"/>	Recommend	OR	<input type="checkbox"/>	Final Approval

List below the type(s) of machinery, equipment, tools, and/or software **used or serviced** in the performance of your duties. (Examples: typewriter, tractor, dump truck, computer terminal, adding machine, air conditioner, dialysis machine, drill press, offset press, mechanic's or carpenter's tools, drafting or artist's instruments, surgical instruments, pick-ax, shovel or software such as Microsoft Word, D-base, EXCEL.) Beside each item, briefly describe the purpose for which you use or service it. (Examples: move material, produce items, or input/update expenses or accounting data.) Then, specify what is done with it. (Examples: tend it, operate it, repair it, maintain it., or set/design spreadsheets.)

[illegible]

**Describe** the three most important decisions **you normally make without higher approval or review. Who or what is affected by these decisions?** (Examples: I determine the mission of an agency. I approve financial or material contracts worth X number of dollars. I determine the amount of benefits a client receives. I prescribe the type of medication for a patient. I dispense a prescription to the proper patient. I select the format in which to type a report.) Describe possible **errors in judgment** that might occur. What are the **consequences of errors** made? (Examples: Loss of program or agency reputation, Disruption of work, Waste of resources, Financial losses, Injury to self or others, Property damage, Legal actions.) Do not include errors that occur through gross negligence or failure to follow regulations or policies.

[illegible]

**6. Education, Licenses, Certifications:**

Please list below the educational degrees, diplomas, licenses, and certifications you hold. Show the school, college, licensing agency/board that awarded them and the date. Beside each degree, diploma, licensure or certification you hold, state whether it is required for the position you hold now.

Degree, Diploma, License, Certification Awarded	Awarding Institution	Date Awarded	Required for position?	
			Yes	No

**7. Financial Responsibilities Assigned:**

If your position has any financial (budgetary or procurement) responsibilities, complete the following table, showing the **approximate annual value** of the item over which you have financial approval, accountability, or signature authority. If this value varies from year to year, calculate the average amount. For each item listed below on the left, check (✓) all boxes that apply. Do not list any type if less than \$1,500.00.

Type of Item of Value	Dollar Amount	Justify Needs & Recommend Proposals (✓)	Prepare Financial Data & Documents (✓)	Approve Final Requests (✓)	Authorize Expenditures or Allocations (✓)	Monitor, Track & Record Expenditures or Allocations (✓)
Salaries & Wages	\$					
Equipment & Machinery	\$					
Material & Supplies	\$					
Grants (pass through funds)	\$					
Program Services	\$					
Contractual or Rental Services	\$					
Travel & Lodging	\$					
Other (specify)	\$					
<b>TOTAL</b>	\$					

**I certify the responses provided in this form accurately and completely describe the current duties and responsibilities of this position.**

---

**Employee's Signature**

---

**Date**

**After completing the next section of this form, please sign and date it, and then give it to your immediate supervisor for review. Thank you for your time and cooperation.**



This section allows you to give further feedback on your position and this job information form.

- [illegible]

- |   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| The form gave me an adequate opportunity to describe my position. |                   |          |         |       |                |
| The directions were easy to follow.                               |                   |          |         |       |                |
| The answer formats were easy to complete.                         |                   |          |         |       |                |
| The questions were reasonable.                                    |                   |          |         |       |                |

## Supervisor's and Management's Review

1. Please review the employee's responses carefully to see whether you think they provide an accurate and complete description of the position. If you disagree with the statements or pertinent information is missing, please list the section number and provide your comments below. Please clearly label each reviewer's comments. The employee's work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE'S RESPONSES.**

Section Number	Reviewer	Comments

2. If this is a request to reclassify an existing position, briefly describe the reassignment of work, the new function added by law or other factors, or the reorganization which changed the duties and responsibilities of this position.


3. Briefly describe the **essential purpose and contribution of this position** to the mission of its work unit and/or to the programs of the agency. Describe what this position does, not the work done by the entire work unit. Explain the primary reason the position exists and the services or products and end results to be accomplished.


4. **QUALIFICATIONS:** Check (✓) below the amount of work/life experience, education, training, and/or other requirements a person would need to have in order to successfully perform the duties and responsibilities of this position. Beside the items checked, describe what kinds of background minimally required and preferred.

Minimum (✓)	Preferred (✓)	Amount of Experience	Kind of Experience
		Less than 1 year	
		1 year up to 2 years	
		2 years up to 3 years	
		3 years up to 5 years	
		5 years up to 7 years	
		7 years up to 10 years	
		10 or more years	

Minimum (✓)	Preferred (✓)	Level of Education, Vocational or other Training	Specific Major, Concentration, or Area of Learning
		High School diploma or G.E.D.	
		Vocational/Technical diploma	
		Some college/Associate's degree	
		Bachelor's degree	
		Master's degree	
		Jurisprudence doctorate	
		Doctorate degree	
		Other	

5. **SPECIAL REQUIREMENTS OF LAW:** List any specific work related security clearance, training, trade apprenticeship, or professional specialty, licensure, registration, certification, or other designation needed to meet occupational requirements for this position. Please provide a copy of the source (e.g., state statute, federal regulation) of this requirement.

---



---



---

6. Would this position be eligible to receive overtime compensation? ..... 

Yes	No
-----	----
7. Would this position be covered by a labor contract? ..... 

--	--
8. Attach to this form an agency organization chart showing where this position is located (circle or highlight the position on this chart). Please include the agency employees directly and indirectly supervised by this position, and at least two levels of supervisors immediately above this position.

**I certify the responses to this form accurately and completely describe the position based on my understanding of the current duties and responsibilities of this position, except as noted in the comments section above.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Director's or Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director's or Designee's Signature

\_\_\_\_\_  
Date